

The Power of Purpose

How much guidance do we require to do good? In most cases "Good Practices", a quality manual or a detailed 'cookbook' of specific rules show you the way. Organisations have 'a system' that tells you what to do.

Could we do with less? Would it be more efficient if we could simply focus on the 'purpose' we want to achieve?

Next week I will propose the book "*Verdraaide Organisaties*" by Wouter Hart. Unfortunately it exists only on Dutch. But it deserves a much wider audience. If you want to make a quick buck, contact the author and bid for the English publishing rights; I hope it's not too late!

Please have a little patience. I promise to reveal the core message of this book real soon, but in the mean time, a real life example can show the difference it makes if you let 'purpose' guide you, instead of 'the system'.

Purpose

We do things for a purpose. We want to achieve something. A doctor treats patients to cure them. We eat healthy food to prevent overweight and heart disease. We drive safely to prevent people being killed or injured.

A little over a year ago, Belgian pharmacists were encouraged to start "*Coaching New Medication*" (CNM = BNM = Begeleiding Nieuwe Medicatie). When a patient is diagnosed with asthma and starts a new treatment with cortisone puffers, the pharmacist is supposed to give intensive counselling on the use and the purpose of the medication. Although 'accompaniment' is the literal translation of what the pharmacist is supposed to offer, coaching is probably the better description.

The purpose of CNM is very simple: to empower the patient. Get him/her to really understand why he has to use this particular puffer and make sure he uses it correctly and regularly; on his own.

System

For budgetary reasons this new service was limited to asthma patients. An 'evidence based' list of six different issues should be addressed during the first encounter (knowledge about asthma; what the medication does; why you have to take this treatment regularly, for a long time; how the specific puffer / medical device works; an ACT test is to be taken to assess the knowledge and behaviour of patient; ideally the patient has to take his first puff immediately, in the pharmacy).

In order to avoid abuse, pharmacists were required to add a (rather long) report to the reimbursement claim, attesting that all these issues were addressed. Ideally pharmacists are supposed to give the patient an appointment and ask them to come back a few days later for such a coaching session.

All these rules were introduced with the best intentions; to make sure the original purpose is achieved ('to empower the patient') and that every pharmacist 'follows the rules' and delivers a high quality of service.

System beats Purpose

Over a year later; only a few thousand CNM's have been done. Most pharmacists have done one or none. A few that started, quit. Special training sessions try to revive the initiative, but it's an uphill battle.

Most doctors don't bother too much to discern asthma and COPD. Patients want to start immediately and don't understand why a separate appointment is necessary. Learning six things in a single session is highly ineffective and confusing. Pharmacists wonder if anybody will ever bother to look at the exhaustive reports they have to make.

The original purpose is defeated. Patients still get good advice with every new treatment, but they don't get the personal, more intensive coaching they probably require. The budget is wasted and almost everybody is frustrated.

The power of Purpose

Focusing on Purpose is motivating. It helps you to aim only for the ultimate result. It also guides you to make choices along the way. Purpose works like a GPS: it can bring you back on track, when you get lost along the way.

Suppose we would start CNM all over again and only use the purpose as a guideline.

Empowering patients means you get them personally involved in their treatment. Coaching can be done in many ways. Instead of a strict set of rules, pharmacists should have gotten a 'communication toolbox' with suggestions on how they can get the patient to explain himself what he already knows; a few cue cards on a tablet could help to explain the disease, the effect of the drug or the way the puffer works. The main focus of CNM should be real 'coaching', meaning you let people show you what they already know or can do. You let them try again, giving one hint for improvement at a time, until they know; on their own.

Pharmacists should invite patients to determine themselves when and how they want to learn the six things they need to know. Everybody should focus on the Purpose, not the System.

Purpose is like Vision

Purpose and Vision are like brother and sister. Both show you what direction to take, without imposing a specific route to get there. They are both much stronger guidelines than one might think, because they oblige you to think and find out your own route to your goal.

Getting things done should not be just executing what you have been ordered. It should be a creative process, adapting the solutions you offer to your clients and the other stakeholders that are involved (in this example: the patient and the health insurance).

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